SKYWARD | Industry Solutions
SPECIALTY INSURANCE

Demolition & Blasting Contractor Application
(Please answer all questions. If questions do not apply, please state "N/A"

Name of Applicant _____

Mailing address _____

City _____State _____ Zip_____

Location_____

Name of Agent_____

Mailing address _____

City _____State _____ Zip_____

Proposed Effective Date:

From: _____To: _____
        12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ____ Individual ____ Partnership ____ Corporation ____ Joint Venture ____ Other (Specify)

_____

1. Years in business under current name _____

2. Has applicant previously been in business under any other name: ____Yes ____No

   If yes, give details: _____

3. Give complete description of applicant's operations: _____
   _____
   _____

DEMOLITION CONTRACTORS

4. Type of demolition or wrecking (e.g., hand only or hand & bulldozer, clam shell, etc.; height): _____
   _____

5. Describe how work will be done, in detail: _____
   _____

6. Public Exposure:

    a. What protections are afforded for general public (e.g., how sidewalk, streets, alleys are protected, etc.)? _____

    _____

    _____

    b. Does Contractor obtain written confirmation that all utilities (gas, electric, and water) have been shut off? ____Yes ____No

    If no, what is the procedure? _____

    _____

7. Average length of time of each job: _____ Maximum length _____

8. Number of employees: Payroll: _____ Gross Receipts: _____

9. Estimated value of salvage (indicate whether or not this value is included in gross receipts figure: _____
_____

10. Is there a permanent location or yard? ____ Yes ____ No   If yes, describe (giving square footage) _____
_____

11. How many of your jobs are sub-contracted? (explain) _____
_____

12. Does the applicant obtain certificates of insurance from all subcontractors? ____ Yes ____ No

13. Please attach a list of completed jobs in the past year and a description for each one.

BLASTING CONTRACTORS

14. Type of blasting (ruraI/urban, quarries, sewer lines, etc.) _____
_____

15. What protection is afforded the general public? _____
_____

16. Does the applicant obtain a preblast survey for jobs within 100 feet of structures? ____ Yes ____ No

17. List all blasting personnel and their license number:

Name	Yrs Experience	License No.

18. Do only licensed personnel set and detonate all charges? ____ Yes ____ No

19. Gross Receipts: $ _____

20. Average length of job: _____

21. Does the applicant store any explosives on owned or leased premises? ____ Yes ____ No

    If yes, need to know safety precautions: _____
_____

22. How many jobs are subcontracted: _____

23. Does the applicant obtain certificates of insurance from all subcontractors: ____Yes ____No

24. On a separate sheet, list and describe all jobs completed in the past year.

25. PREVIOUS INSURER: Indicate premium and losses past 3 years. Describe all losses in excess of $10,000 last five years.

Year	Carrier	Premium	No. of Claims	Amt Paid	Amt Reserved

25. Was previous coverage on claims-made basis?   ____Yes ____No

   If yes, uninterrupted claims-made coverage has been in effect since: _____

   If yes, what retroactive date is desired? _____

26. Has any company ever cancelled or refused to renew liability insurance for the applicant? ____Yes ____No

   If yes, give details: _____

27. Coverage desired: ____CGL   ____M&C   ____Prod/Comp/Ops

28. Optional Coverages Desired: ____ Personal Injury   ____ Contractual   ____Broad Form PD   ____ Ind. Cont.
       ____ XCU   ____ Broad Form CGL Endt.

29. Limit of Liability Desired: _____

30. Deductible desired: _____

31. Proposed Effective Date _____

WARRANTY: It is warranted to HIIG-Energy that the information contained herein is true and that
it shall be the basis of the policy of insurance and deemed incorporated therein should the Company evidence its
acceptance of the application by issuance of a policy. I/We hereby authorize the release of claim information from
any prior insurer to HIIG-Energy

**Any person who knowingly, and with intent to defraud any insurance company or other person, files an
application for insurance containing any false information or conceals information concerning any fact material
thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.**

Applicant's Signature _____   Date Signed. _____

Insured's Title _____   Insured's name, typed or printed _____